

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/017540

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5			1			
6				1		
7				1		
8				1		
9				3		
10				3		
11			1			
12				1		
13				2		
14			1			
15				1		
16				1		
17				1		
18				1		
19				5		
20				5		
21				5		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			42			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS